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IDENTIFIERS *Cardiovascular Disease; *Wales

ABSTRACT

This case description of an adult education program in Wales is part of a set that reflects a cooperative effort by adult educators to increase international understanding of various educational programs for adults in their societal context. A face sheet provides this information: name, organization, and address of the person who prepared the case description; program name or title; type of program; type of organization with which the case program is associated; and basic characteristics of service. The project described, Heartbeat Wales, is a demonstration program to test the feasibility of modifying risk factors for cardiovascular disease. This health promotion project aims at changing life-styles, teaching about nutrition, working with local governments, and involving the medical profession and voluntary organizations. In addition to the case description, this document includes information on the World Perspective case study project as well as indexes of all cases by country and by category. (YLB)

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ED311187

WORLD PERSPECTIVE CASE DESCRIPTIONS ON EDUCATIONAL PROGRAMS FOR ADULTS: UNITED KINGDOM

AUGUST 1989

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

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August, 1989

WORLD PERSPECTIVE CASE DESCRIPTIONS OF EDUCATIONAL PROGRAMS FOR ADULTS

PREFACE

This set of case descriptions reflects an inspiring cooperative effort by adult educators in many countries to increase international understanding of various educational programs for adults in their societal context. The benefits from reading these case descriptions result from the contributions of case coordinators and authors who arranged for and prepared the descriptions included in the set.

Cooperating case coordinators contributed in several important ways. In addition to sometimes writing one or more case descriptions, coordinators arranged for case authors. The selection of program areas and case authors reflects the case coordinators' professional judgment based on familiarity with educational programs for adults in their country. The list of names and addresses of case coordinators for each country is noted on green paper following the Table of Contents.

The names and addresses of case authors are on the face sheet that precedes each case description. Each case description is unedited and unchanged, in the form that the author submitted it. The few case descriptions that were translated into English are so noted.

As an aid to comparative analysis, each case coordinator was sent a set of guidelines, to be shared with case authors as they prepared their case descriptions. At the start of the project, active case coordinators received draft guidelines and their comments were used to revise the guidelines used in the project. These guidelines are included at the end of the set of cases and are printed on blue paper. Many authors were very conscientious in following

the guidelines. Even those case descriptions that depart from the suggested format contain useful information about the program.

Each case coordinator who submitted case descriptions has been sent a complete set. This international set of cases can be useful for comparative analysis in several ways. Some coordinators have indicated their intent to contact coordinators in other countries, to collaborate on cross national analysis for specific programs. Within a country, these may be colleagues and students who would like to conduct comparative analysis studies. In at least four countries, all of the case descriptions for that country are being disseminated to interested adult educators in the country.

Arrangements have been made to send a complete set of case descriptions that have been received by the end of the project late in 1988, to the ERIC Clearinghouse on Adult, Career, and Vocational Education at Ohio State University, USA, so that print or microfiche copies can be obtained by anyone interested. All cases from each country have been grouped together as a set on one ERIC document and the set was given an ED number. Therefore, you or other people can purchase microfiche or paper copies of the set for any country in the World Perspective series. For a list of ED numbers and prices for each of the sets, write to the ERIC Clearinghouse on Adult, Career, and Vocational Education, 1960 Kenny road, Columbus, Ohio 43210-1090, USA, ATTN: World Perspective Case Descriptions of Educational Programs for Adults. In response, a listing and order form will be sent.

Many people and organizations have helped with this largely volunteer project, in addition to the fundamental contributions by the case coordinators and authors. Support from the W. K. Kellogg Foundation made feasible many logistical arrangements including duplicating and postage. Many people prominent in adult education internationally were generous with advice and suggestions concerning potential case coordinators. The International Council

for Adult Education provides a vehicle for continued contact among all of us interested in cross national adult education research and understanding.

ACCESSING THE CASE MATERIAL

The organization of this great stack of cases is intended to facilitate their use. (The case coordinators now know why a paperweight was selected as a form of recognition.)

The Table of Contents (which is on pink paper following this Preface) is sequenced by country in alphabetical order by category, as are the full set of cases. Reviewing all cases from a country is easy because they are grouped together. The cases are on three hole paper for ease in grouping and adding more cases.

The numbering of cases is as follows. The first (or two digit) number designates the country (Australia is 2, Ireland is 22, etc.) and a list of country codes follows (missing numbers in the sequence are for countries from which cases have not yet been received).

1 - Argentina
2 - Australia
4 - Cameroon
5 - Canada
6 - China
7 - Chile
9 - Czechoslovakia
13 - Finland
15 - Germany, Federal Republic
16 - Ghana
17 - Greece
19 - Hong Kong
20 - Hungary
21 - India
22 - Ireland
23 - Israel
24 - Italy
23 - Israel
24 - Italy
25 - Japan
26 - Korea, Demo. People's Republic
29 - Netherlands
30 - Nigeria
31 - Norway
33 - Portugal
34 - Saudi Arabia
35 - St. Lucia
36 - Sweden
37 - Switzerland
38 - Tanzania
40 - United Kingdom
41 - United States
42 - Union of Soviet Socialist Republics
45 - Yugoslavia

Following the country code, each case has been given an alphabetic code (A,B,C,etc.) to distinguish that case from the others. A slash "/" follows the alphabetic code. Following the "/" is the pagination with the first page

consisting of the Face Sheet that authors were asked to complete. The coded pagination is on the lower right hand corner of each sheet of paper.

Following the Table of Contents, is an Index (on blue paper) organized by Category of Case. This allows readers interested only in cases in a specific category (such as Literacy or Citizen) to easily locate them. Because some cases are indexed in several categories, they are cross indexed for all categories that apply. The categories and criteria for determining the category follows. Because authors usually selected the category(ies) for their case and may not be consistent across all cases, it may be desirable to consult several pertinent categories.

A. LITERACY - Functional literacy and adult basic education programs (as defined in each nation) with special attention to literacy campaigns, local community groups, role of schools and efforts to include types of adults often neglected, such as prisoners.

B. AGRICULTURE - Extension programs to help farmers and peasants improve productivity (subsistence and cash) and quality of rural life with special attention to efforts by local community groups, ministry of agriculture and agricultural schools and colleges.

C. WORKERS - Educational programs to increase productivity and job change of all types of urban business and industry workers (aside from professionals), with special attention to efforts by enterprises, employers workers universities, labor unions, and trade associations.

D. PROFESSIONAL, TECHNICAL - All types of professional development and in-service programs for people in scientific and technical occupations such as engineering, and medicine, with special attention to efforts by universities, professional associations, and enterprises (factories, hospitals).

E. PROFESSIONAL, OTHER - Continuing professional education activities for any other types of occupations, that tend to be less influenced by new research findings (such as law, social work, teaching).

F. SECONDARY - Part-time secondary school completion programs, with special attention to efforts by schools and ministry of education.

G. HIGHER - Part-time or short term college and university completion programs for working adults, with attention to ministry of education and higher education institutions. In some nations this category may include part-time pursuit of formal credit and degree programs.

H. HEALTH - Preventative and curative health education programs for adults in urban or rural areas, with attention to efforts by ministry of health and local hospitals and clinics.

I. FAMILY - Family life and home economics education (including food preparation, nutrition, child development, and family relations), with attention to local providers.

J. PERSONAL - All types of educational activities related to leisure time, hobbies, arts, cultural affairs, personal enrichment, and general education, with attention to efforts by ministry of culture, and local libraries and museums.

K. CITIZEN - Educational activities related to community and organizational leadership and problem solving to enable adults to become more informed and participating citizens at local or wider levels to reform or sustain government, with attention to government, educational institutions, and voluntary associations. This may include international issues.

L. DISADVANTAGED - Special or compensatory educational programs for adults who are in hard to reach populations such as people with handicaps or a history of discrimination.

M. OTHER - Any other type of educational program for adults that is important in your nation, for which someone will prepare a case description, such as adult religious education or other examples.

(NOTE: Some important programs combine several categories. For example, in Latin America, popular education may include program emphases from categories A, B, C, K).

OVERVIEW OF AE IN COUNTRY OR REGION

The cooperation and exchange already evidenced in the preparation of this set of case descriptions, combined with the plans for analysis and continued colleagueship, suggests a great potential for ongoing sharing and international understanding. We hope to hear from you.

Alan B. Knox
Dusan Savicevic

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CASE DESCRIPTIONS - BY COUNTRY

CODE/ PAGE NO.	COUNTRY	CATEGORY	TITLE	AUTHOR
*1A/1-8	ARGENTINA	Overview	Adult Education in Latin America	Isabel Hernandez
*1B/1-7		Disadvantaged	Education and Elders	Isabel Hernandez
2A/1-26	AUSTRALIA	Agriculture	Farm Manage. Home Study Program	Barry O'Neill
2B/1-10		Citizen	Increasing Citizen Participation in Local Government	Bob Holderness-Roddam
2C/1-11		Disadvantaged	School for Seniors	Olga Benham & Sue Vickers
2D/1-16		Disadvantaged	Community Living Project	Kath Bleechmore
2E/1-12		Disadvantaged	Learning for the Less Mobile	Judith Elsworth
2F/1-9		Disadvantaged	UNElearn Group Discuss. Correspond. Programme	Ned Iceton
2G/1-15		Disadvantaged	Women's Access Prog.	Helen Lanauze
2H/1-37		Disadvantaged	Aboriginal Vill. Comm.	Natascha McNamara
2J/1-12		Family	Marriage Enrichment	David Kerr
2K/1-22		Health	Women's Health--The Middle Years	Deirdre Degeling, Diane Bennett, Fran Everingham
2L/1-9		Higher	Preparatory Studies	Michael Crock & Caroline Cottman
2M/1-15		Leisure	Discussion Program--Council of Ad. Ed.	Joanne Lee Dow
2N/1-9		Leisure	CCE Community Education Program	Bettina Fiegel
2P/1-15		Literacy	NSW Board of Adult Ed.--Literacy	Rosie Wickert

*New cases received since March 1988.

CODE/ PAGE NO.	COUNTRY	CATEGORY	TITLE	AUTHOR
2Q/1-10	AUSTRALIA	Personal Citizen	Carringbush Library	Marian Letchen
2R/1-11		Professional, Other	Refresher Ed. for Company Directors	John Brady
2S/1-12		Professional, Other, Family Citizen	Social Developer's Network	Ned Iceton
2T/1-6		Professional, Other	Welcare Program	J. A. McDonell
2U/1-5		Professional, Tech.	CPE for Veterinarians	D. Bryden
2V/1-17		Professional, Tech.	Country Pediatric Program	Hank Duyverman
2W/1-27		Workers	Trade Union Postal Courses Scheme	Elizabeth Bluff
2X/1-11		Workers Literacy	Workplace Basic Ed. Project	Jude Newcombe, et al.
*2Y/1-2		Literacy	Adult Migrant Education	William McGrath
*2Z/1-11		Personal	Self-Help Adult Education: Univ. of the Third Age	Rick Swindell
4A/1-11	CAMEROON	Agriculture	AE Progs. in Cameroon	J. A. Nyemba
4B/1-18		Agriculture	Agriculture Univ. Center in Extension Program Implementation	J. A. Nyemba

CODE/ PAGE NO.	COUNTRY	CATEGORY	TITLE	AUTHOR
5A/1-10	CANADA	Citizen	Buchans Community Trans. Proj.	David Curran
5B/1-16		Citizen Workers	Canada Congress for Learning Opportunities for Women	Caroline A.Gaskin
5C/1-11		Health Workers	Health Line: Centre for Corp. Health Promotion	Dale I. Pratt
5D/1-8		Higher	Distance Ed. at U. Victoria	Margaret Haughey
5E/1-20		Literacy	Bathurst Heights Ad. Learning Centre	E. Elysee-Cohen
5F/1-10		Literacy	East End Literacy	Elaine Gaber-Katz
5G/1-45		Literacy	Learner-Centred Social Services Model of ABE	Patricia A.Rundle
5H/1-22		Other	Residential AE in Canada	Wenda Abel
5J/1-16		Professional, Tech.	Self Dir. Learning App. to the Training of Medical Doctors	Lynne McTaggart
5K/1-18		Professional, Tech.	CPE Program for Family Physicians	Penny A. Jennett
*5L/1-13		Literacy	International: Literacy and Development	James A. Draper
*7A/1-29	CHILE	Agriculture	Centro El Canelo De Nos	Patricio Donoso
*7B/1-12		Agriculture	Chile: An Experiment in Nonformal Education in Rural Areas	Marcela Gajardo
6A/1-18	CHINA	Overview	Chinese Adult Education--At Present and in Prospect	Dong Mingchuan & Zhu Zhongdan
6B/1-25		Overview	Aging Issue and Education for the Aged	Dong Mingchuan & Zhu Zhongdan

CODE/ PAGE NO.	COUNTRY	CATEGORY	TITLE	AUTHOR
*6C/1-6	CHINA	Overview	Adult Education in Beijing Municipality	Fu Youren
*6D/1-8		Higher	A University Without Campus	Lin Jun
*6E/1-9		Workers	A Survey of Beijing's Workers University Graduates	Liu Yongqian
*6F/1-40		Overview	Postsecondary Education in China	Dong Mingchuan
*9A/1-34	CZECHOSLOVAKIA	Overview Workers	Czechoslovakian Adult Education	Kamil Skoda
*9B/1-12		Other	House of Culture and Its Function in Adult Education	Pavel Hartl
13A/1-17	FINLAND	Other	Experimentation in Ad. Ed. Centers	Mirja Virtala
13B/1-4		Other	Beginning of Ad. Ed. Planning at the Municipal Level	Jorma Kauppinen
13C/1-6		Other	Experiments in Voc. Ad. Ed.	Lea Salminen
13D/1-10		Professional, Other	Developmental Work Research Project at Adult Ed. Center	Ilona Koskela
13E/1-6		Workers	Union History Project: Study Circles Doing Research	Jorma Kalela
13F/1-10		Workers	School for Teaching ADP	Markku Suortamo
13G/1-4		Workers	Instruction in Info. Technology	Kerttu Vepsalainen
13H/1-5		Workers	Role of Training in Changing a Work Organization	Anneli Pulkkis Veikko Teikari Matti Vartiainen

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15A/1-11	GERMANY, FED. REP.	Agriculture	Counseling Courses in Agriculture	Helmut Bugl Felicitas Fehrenbach-Neuman
15B/1-11		Citizen	State Center for Political Ed.	Siegfried Schiele
15C/1-19		Health Family Personal Other	Catholic Ed. Organ.	Peter Muller
15D/1-18		Health Family Personal	Adult Ed. Center	Gabriele Werner
15E/1-14		Personal Disadvantaged	Voc. & Social Integration for Turkish Women	Susanne Meyder
15F/1-15		Professional, Tech.	Professional Training for Med. Specialists	Hans E. Renschler
15G/1-13		Professional, Tech.	In-service Training at Busch	Peter Kilgenstein
15H/1-17		Professional, Other Higher Personal	Courses by Radio	Peter Schmoock
15J/1-17		Professional, Tech. Professional, Other Higher	CE Center at Univ. of Tubingen	Rainer Funke
15K/1-11		Secondary	Evening High School	H. Taigel

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15L/1-11	GERMANY, FED. REP.	Workers	Center for Cont. Voc. Training, Chamber of Industry & Trade	Nils Peter Esmann Franz Bihler
15M/1-15		Workers	Cont. Ed. in Training Companies	Michael Eisenmann
15N/1-17		Workers Professional, Tech.	Human Resource & Organ. Dev.	Colin A. Guthrie
*15P/1-11		Personal	Women's Museum-Wiesbaden	Kim Engels Beatrixe Klein
16A/1-9	GHANA	Professional, Other	Training Teachers by Distance Education Methods	Joe K. Ansere
16B/1-33		Workers	Multi-media Appr. to Effective Teaching	Eric A. Mensah
*17A/1-18	GREECE	Professional, Other	In-service Teachers Training in Greece	Michael Kassotakis
19A/1-6	HONG KONG	Literacy	Literacy Program	Grace Mak
*20A/1-19	HUNGARY	Personal	Protecting Our Environment	Mihaly Sari
*20B/1-33		Workers	Realities of Our Time	Matyas Durko
21A/1-33	INDIA	Literacy	Literacy Program	R. Jayagopal
21B/1-4		Literacy	Punjab Association	R. Jayagopal

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21C/1-6	INDIA	Workers	National Council for Hotel Management and Catering Technology	R. Jayagopal
*21D/1-4		Health Family Citizen	Hayden Hall: A Community Development Approach	Fr. E. P. Burns
22A/1-14	IRELAND	Agriculture	Certification in Farming	Michael Hassett
22B/1-10		Citizen Professional, Other	Training of Comm. Enter. Animateurs	Tom Collins
22C/1-16		Family	Family Life Education Premarriage	Liam McCarthy
22D/1-16		Family Other	Pontifical U. Dipl. in Family Life & Youth Ministry	Elizabeth Murphy
22E/1-13		Health	Extra-mural Studies in Drug & Alcohol Addiction	Mary Ellen McCann
22F/1-10		Professional, Other	Extra-mural Studies	Mary Kett
22G/1-13		Other	Maynooth Adult Daytime Education	(MADE)
22H/1-13		Other	Extra-mural Diplo. Course in Religious Studies	Sr.Benedict Rouine
22J/1-10		Higher Personal Other	Irish Language TV Program	John MacMahon
22K/1-11		Professional, Other	Extra-mural Studies in Basic Counseling	Muireann Conaty

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22L/1-24	IRELAND	Professional, Other	Intro. Course to Ed. Administra.	P. B. Diggins
22M/1-16		Professional, Other	Training Part-Time Ad. Ed. at Local Level	James Marsden
22N/1-14		Professional, Other	Natl. Police Officer CE & Training	P. J. Moran
22P/1-11		Professional, Other Health	Teacher Training Prog.-Health Ed.	Eugene Donoghue
22Q/1-12		Workers	Diploma in Manag. & Industrial Relations	John Ryan
23A/1-14	ISRAEL	Family Citizen	School for Parents, Teachers & Children in a Distressed Moshav	Eitan Israeli
*23B/1-6		Literacy	Comparative Analysis of Literacy Education	Rachel Tokatli
24A/1-11	ITALY	Citizen	Public and Library: A Plan for the Education of Adults	Paolo Federighi
24B/1-10		Citizen Other	Education Project of Molise: Creation of an Ad. Ed. System	Francesco Susi
24C/1-11		Citizen Personal Other	Center for Cont. Ed. in Bassano de Grappa	Gianna Maria Filippi
24D/1-11		Citizen Other	Education for Adults in the Earthquake Region of Basilicata	Francesco Susi

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24E/1-10	ITALY	Other	Adult Education in Bologna	Mario Ricci
24F/1-18		Overview	Educational Aims for the Year 2000: Adult Education for the City of Prato	Filippo M. DeSanctis
24G/1-11		Personal	Provincial Administration of Moderna	Vanna Tori
24H/1-6		Personal	University of the Third Age-Orvieto	Lucio del Corno
*24J/1-6		Personal Citizen	Mass Media and Adult Education in Sardenia	Fabio Masala
25A/1-32	JAPAN	Citizen	Ed. and the Integration of Community Services	Kazufusa Moro'oka
*25B/1-13		Leisure	Citizen's Learning Network	Miwa Toko
*25C/1-20		Higher	The Founding of a University for Senior Citizens	Takashi Fukuchi
26A/1-12	KOREA, DPR	Overview Workers	Overview	Nam Jin U
29A/1-17	NETHERLANDS	Literacy	Open School	Maatje Balde
29B/1-17		Literacy	Study House for Adults	Emmy Wilson
29C/1-18		Literacy	Dutch as a Foreign Language	Emmy Wilson
29D/1-20		Literacy Disadvantaged	Dutch as a Foreign Language	E. R. T. Zuidhoff

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29E/1-17	NETHERLANDS	Other	Television Academy	Anja Dircken
29F/1-20		Professional, Other	Psycho-Geriatrics for Home Helps	Bea Oosting
29G/1-10		Professional, Other	In-service Occupational Training	R. Zuidhoff
29H/1-16		Professional, Tech.	Advanced Nursing Course	Henny Van Der Stel-Overdulve
29J/1-16		Professional, Tech.	Part-time Training - Sick Care	Henny Van Der Stel-Overdulve
29K/1-19		Professional, Tech.	In-Service Training - Basic General Nursing	Annette van den Berg-Ran
29L/1-19		Professional, Tech.	Part-time Course for Teachers of Nursing	Annette van den Berg-Ran
29M/1-13		Professional, Tech.	Improvements in Medical Practice	I. W. Dresscher
29N/1-9		Professional, Tech.	Practical Neurology	I. W. Dresscher
29P/1-23		Professional, Tech.	Medical Specialists	Bea Oosting
29Q/1-8		Workers	Occupational Retraining in Office Skills	Maatje Balde
*29R/1-28		Literacy	Language School for Refugees	E. Stark
*29S/1-17		Personal	Assertivity Course	G. Nijhof

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*29T/1-18	NETHERLANDS	Personal	Pre-Retirement Education	B. van Straalen-van Waard
*29U/1-20		Workers	Re-entry Course for Women in Construction Trades	R. de Ruiter
*29V/1-18		Workers	Management and Computer Education for Re-entry Women	E. Stark
*30A/1-50	NIGERIA	Literacy	Model Adult Literacy Classes	J. T. Okedara
*30B/1-43		Higher	Correspondence Education	J. T. Okedara
*30C/1-31		Higher	Remedial Education	J. T. Okedara
*30D/1-24		Health	Guinea Worm Eradication Program: Community Education in Nigeria	Clement N. Anyanwu
*30E/1-28		Professional, Other	Professional Continuing Education for Grade Two Teachers in Nigeria	C. A. Okedara
30F/1-20		Workers	Workers' Education in Nigeria	P. N. C. Ngwu
30G/1-40		Workers	Women Education in Oyo State, Nigeria	C. A. Okedara
31A/1-15	NORWAY	Professional, Other Higher	NKS School of Management (Correspondence School)	Tore Aksjoberg
*33A/1-35	PORTUGAL	Agriculture	Management Groups as a Method of Rural Extension	Alvaro Soares de Melo
*33B/1-27		Agriculture	Rural Extension Program Evaluation	Artur F.A.C. Cristovao
*35A/1-28	ST. LUCIA	Agriculture	Caribbean Agricultural Extension Program	Dunstan Campbell and Lorilee Sandmann

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34A/1-19	SAUDI ARABIA	Literacy	Illiteracy Eradication & Adult Education	Mohammed A. Al Rasheed, A. Al Sunbul
36A/1-8	SWEDEN	Literacy	Basic Education for Adults in Sweden	Per Olof Thang
36B/1-21		Higher	Distance Education at the Univ. Level	Birgitta Willen
36C/1-10		Secondary Overview	Perspective on Municipal Adult Ed.	Robert Hoghielm
36D/1-13		Workers	Corporate Classrooms	Kenneth Abrahamsson
36E/1-9		Workers	Labor Market Training in Sweden	Per Olof Thang
*36F/1-9		Citizen	Popular Education in Sweden	Lars Arvidsson
*37A/1-8	SWITZERLAND	Professional, Tech.	Formative Research in Swiss French Agric. Schools	Pierre Dominice Matthias Finger
38A/1-25	TANZANIA	Agriculture	Training for Rural Development	Aida Isinika
*40A/1-42	UNITED KINGDOM	Health	Heartbeat Wales	Donald Nutbeam
41A/1-7	U.S.A.	Agriculture	Coop. Ext. Service (Local)	Alan B. Knox
41A/8-30		Agriculture	Coop. Ext. Service (National)	William M. Rivera
41B/1-16		Citizen	Natl. Issues Forum	Alan B. Knox
41C/1-21		Citizen	Educational Programs for Government Officials	Harvey Schweitzer, Nancy Lauts, Charles Kozoll

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41D/1-9	U.S.A.	Disadvantaged	YWCA Refugee Program	Linda B. Knox
41E/1-15		Higher	Indiana U. Independent Study by Correspondence	Frank R.DiSilvestro
41F/1-25		Literacy	Adult Basic Education	Alan B. Knox
41G/1-13		Health	Alcoholics Anonymous	Alan B. Knox
41H/1-28		Professional, Tech.	Continuing Medical Education	Thomas G. Pearson & Ronald M. Cervero
41J/1-11		Workers	Credit Union Staff Development	Alan B. Knox
*41K/1-11		Literacy	Libraries and Literacy--Tulsa	Debra W. Johnson
*41M/1-11		Literacy	Libraries and Literacy--Weirton	Debra W. Johnson
*41N/1-7		Professional, Other	Helping Stock Brokers Cope with Stress	Alan B. Knox
42A/1-17	U.S.S.R.	Other	ZNANIE Society	Yuri Fishevski
42B/1-9		Professional, Tech.	Continuing Medical Education	F. Vartanian, D. Orlov E. Nazarova
45A/1-16	YUGOSLAVIA	Agriculture	Vet. Ed. in the Farming Population	Branko Rebesko
45B/1-15		Agriculture Professional, Other	Ext. Service & Its Role in Training Farmers-Slovenia	Robic Tone
45C/1-13		Family Health	Nutrition Education	Mara Rupena Osolnik

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45D/1-11	YUGOSLAVIA	Literacy	Basic Adult Education	Radivoje Kulic
45E/1-27		Literacy Professional, Other	Research Into and Training In Literacy	Dusan M. Savicevic
45F/1-10		Literacy Workers	Correlation of Primary & Work Oriented Profess. Ed. of Young People	Dusan M. Savicevic
45G/1-29		Workers	Dev. of Training in Sava, Kranj	Ema Pec
*45H/1-19		Workers	Self Management at Worker's Universities	Milka Oljaca

CASE DESCRIPTIONS - BY CATEGORY

CODE/ PAGE NO.	CATEGORY	COUNTRY	TITLE	AUTHOR
2A/1-26	Agriculture	AUSTRALIA	Farm Manage. Home Study Program	Barry O'Neill
4A/1-11	Agriculture	CAMEROON	AE Progs. in Cameroon	J. A. Nyemba
4B/1-18	Agriculture	CAMEROON	Agriculture Univ. Center in Extension Program Implementation	J. A. Nyemba
*7A/1-29	Agriculture	CHILE	Centro El Canelo De Nos	Patricio Donoso
*7B/1-12	Agriculture	CHILE	Chile: An Experiment in Nonformal Education in Rural Areas	Marcela Gajardo
15A/1-11	Agriculture	GERMANY	Counseling Courses in Agriculture	Helmut Bugl Felicitas Fehrenbach-Neuman
22A/1-14	Agriculture	IRELAND	Certification in Farming	Michael Hassett
*33A/1-35	Agriculture	PORTUGAL	Management Groups As A Method of Rural Extension	Alvaro Soares de Melo
*33B/1-27	Agriculture	PORTUGAL	Rural Extension Program Evaluation	Artur F.A.C. Cristovao
*35A/1-28	Agriculture	ST. LUCIA	Caribbean Agricultural Extension Program	Dunstan Campbell and Lorilee Sandmann
38A/1-25	Agriculture	TANZANIA	Training for Rural Development	Aida Isinika
41A/1-7	Agriculture	U.S.A.	Coop. Ext. Service (Local)	Alan B. Knox
41A/8-30	Agriculture	U.S.A.	Coop. Ext. Service (National)	William M. Rivera
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2O/1-10	Personal Citizen	AUSTRALIA	Carringbush Library	Marian Letchen
2S/1-12	Professional Other, Family Citizen	AUSTRALIA	Social Developer's Network	Ned Iceton
5A/1-10	Citizen	CANADA	Buchans Community Trans. Proj.	David Curran
5B/1-16	Citizen Workers	CANADA	Canada Congress for Learning Opportunities for Women	Caroline A.Gaskin
15B/1-11	Citizen	GERMANY	State Center for Political Ed.	Siegfried Schiele
*21D/1-4	Health Family Citizen	INDIA	Hayden Hall: A Community Development Approach	Fr. E. P. Burns
22B/1-10	Citizen Professional, Other	IRELAND	Training of Comm. Enter. Animateurs	Tom Collins
24B/1-10	Citizen Other	ITALY	Education Project of Molise: Creation of an Ad. Ed. System	Francesco Susi
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*24J/1-6	Personal Citizen	ITALY	Mass Media and Adult Education in Sardinia	Fabio Masala
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41B/1-16	Citizen	U.S.A.	Natl. Issues Forum	Alan B. Knox
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*36F/1-9	Citizen	SWEDEN	Popular Education in Sweden	Lars Arvidsson
*1B/1-7	Disadvantaged	ARGENTINA	Education and elders	Isabel Hernandez
2C/1-11	Disadvantaged	AUSTRALIA	School for Seniors	Olga Benham & Sue Vickers
2D/1-16	Disadvantaged	AUSTRALIA	Community Living Project	Kath Bleechmore
2F/1-9	Disadvantaged	AUSTRALIA	UNElearn Group Discuss. Correspond. Programme	Ned Iceton
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2H/1-37	Disadvantaged	AUSTRALIA	Aboriginal Vill. Comm.	Natascha McNamara
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29D/1-20	Literacy Disadvantaged	NETHERLANDS	Dutch as a Foreign Language	Emmy Wilson

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*21D/1-4	Health Family Citizen	INDIA	Hayden Hall: A Community Development Approach	Fr. E. P. Burns
22E/1-13	Health	IRELAND	Extra-mural Studies in Drug & Alcohol Addiction	Mary Ellen McCann
22P/1-11	Professional, Other Health	IRELAND	Teacher Training Prog.-Health Ed.	Eugene Donoghue
22P/1-11	Professional, Other Health	IRELAND	Teacher Training Prog.-Health Ed.	Eugene Donoghue
*30D/1-24	Health	NIGERIA	Guinea Worm Eradication Program: Community Education in Nigeria	Clement N. Anyanwu
*40A/1-42	Health	UNITED KINGDOM	Heartbeat Wales	Donald Nutbeam
41G/1-13	Health	U.S.A.	Alcoholics Anonymous	Alan B. Knox
45C/1-13	Family Health	YUGOSLAVIA	Nutrition Education	Mara Rupena Osolnik
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5D/1-8	Higher	CANADA	Distance Ed. at U. Victoria	Margaret Haughey

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2K/1-22	Health	AUSTRALIA	Women's Health--The Middle Years	Deirdre Degeling, Diane Bennett, Fran Everingham
5C/1-11	Health Workers	CANADA	Health Line: Centre for Corp. Health Promotion	Dale I. Pratt

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*25B/1-13	Leisure	JAPAN	Citizen's Learning Network	Miwa Toko
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*2Y/1-2	Literacy	AUSTRALIA	Adult Migrant Education	William McGrath
5E/1-20	Literacy	CANADA	Bathurst Heights Ad. Learning Centre	E. Elysee-Cohen
5F/1-10	Literacy	CANADA	East End Literacy	Elaine Gaber-Katz
5G/1-45	Literacy	CANADA	Learner-Centred Social Services Model of ABE	Patricia A.Rundle
*5L/1-13	Literacy	CANADA	International: Literacy and Development	James A. Draper
19A/1-6	Literacy	HONG KONG	Literacy Program	Grace Mak
21A/1-33	Literacy	INDIA	Literacy Program	R. Jayagopal
21B/1-4	Literacy	INDIA	Punjab Association	R. Jayagopal
*23B/1-6	Literacy	ISRAEL	Comparative Analysis of Literacy Education	Rachel Tokatli
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29D/1-20	Literacy Disadvantaged	NETHERLANDS	Dutch as a Foreign Language	Emmy Wilson
*29R/1-28	Literacy	NETHERLANDS	Language School for Refugees	E. Stark
*30A/1-50	Literacy	NIGERIA	Model Adult Literacy Classes	J. T. Okedara

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*6D/1-8	Higher	CHINA	A University Without Campus	Lin Jun
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15J/1-17	Professional, Tech. Professional, Other Higher	GERMANY	CE Center at Univ. of Tubingen	Rainer Funke
22J/1-10	Higher Personal Other	IRELAND	Irish Language TV Program	John MacMahon
*25C/1-20	Higher	JAPAN	The Founding of a University for Senior Citizens	Takashi Fukuchi
*30B/1-43	Higher	NIGERIA	Correspondence Education	J. T. Okedara
*30C/1-31	Higher	NIGERIA	Remedial Education	J. T. Okedara
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36B/1-21	Higher	SWEDEN	Distance Education at the Univ. Level	Birgitta Willen
41E/1-15	Higher	U.S.A.	Indiana U. Independent Study by Correspondence	Frank R.DiSilvestro
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2M/1-15	Leisure	AUSTRALIA	Discussion Program--Council of Ad. Ed.	Joanne Lee Dow

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*17A/1-18	Professional, Other	GREECE	In-service Teachers Training in Greece	Michael Kassotakis
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22D/1-16	Family Other	IRELAND	Pontifical U. Dipl. in Family Life & Youth Ministry	Elizabeth Murphy
22F/1-10	Professional Other	IRELAND	Extra-mural Studies	Mary Kett
22H/1-13	Other	IRELAND	Extra-mural Diplo. Course in Religious Studies	Sr.Benedict Rouine
22K/1-11	Professional, Other	IRELAND	Extra-mural Studies in Basic Counseling	Muireann Conaty
22L/1-24	Professional, Other	IRELAND	Intro. Course to Ed. Administra.	P. B. Diggins
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41F/1-25	Literacy	U.S.A.	Adult Basic Education	Alan B. Knox
*41K/1-11	Literacy	U.S.A.	Libraries and Literacy--Tulsa	Debra W. Johnson
*41M/1-11	Literacy	U.S.A.	Libraries and Literacy--Weirton	Debra W. Johnson
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5H/1-22	Other	CANADA	Residential AE in Canada	Wenda Abel
*9B/1-12	Other	CZECHOSLOVAKIA	House of Culture and its Function in Adult Education	Pavel Hartl

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6B/1-25	Overview	CHINA	Aging Issue and Education for the Aged	Dong Mingchuan & Zhu Zhongdan
*6C/1-6	Overview	CHINA	Adult Education in Beijing Municipality	Fu Youren
*6F/1-40	Overview	CHINA	Postsecondary Education in China	Dong Mingchuan
*9A/1-34	Overview Workers	CZECHOSLOVAKIA	Czechoslovakian Adult Education	Kamil Skoda
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*2Z/1-11	Personal	AUSTRALIA	Self-Help Adult Education: Univ. of the THird Age	Rick Swindell

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29E/1-17	Other	NETHERLANDS	Television Academy	Anja Dircken
29F/1-20	Professional, Other	NETHERLANDS	Psycho-Geriatrics for Home Helps	Bea Oosting
29G/1-10	Professional, Other	NETHERLANDS	In-service Occupational Training	R. Zuidhoff
*30E/1-28	Professional, Other	NIGERIA	Professional Continuing Education for Grade Two Teachers in Nigeria	C. A. Okedara
31A/1-15	Professional, Other Higher	NORWAY	NKS School of Management (Correspondence School)	Tore Aksjoberg
42A/1-17	Other	U.S.S.R.	ZNANIE Society	Yuri Fishevski
45B/1-15	Agriculture Professional, Other	YUGOSLAVIA	Ext. Service & Its Role in Training Farmers-slovenia	Robic Tone

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*29T/1-18	Personal	NETHERLANDS	Pre-Retirement Education	B. van Straalen-van Waard
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*15P/1-11	Personal	GERMANY	Women's Museum-Wiesbaden	Kim Engels Beatrixe Klein
*20A/1-19	Personal	HUNGARY	Protecting Our Environment	Mihaly Sari
22J/1-10	Higher Personal Other	IRELAND	Irish Language TV Program	John MacMahon
*24J/1-6	Personal Citizen	ITALY	Mass Media and Adult Education in Sardinia	Fabio Masala
24C/1-11	Citizen Personal Other	ITALY	Center for Cont./Ed. in Bassano de Grappa	Gianna Maria Filippi
24G/1-11	Personal	ITALY	Provincial Administration of Moderna	Vanna Tori
24H/1-6	Personal	ITALY	University of the Third Age-Orvieto	Lucio del Corno

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2U/1-5	Professional Tech.	AUSTRALIA	CPE for Veterinarians	D. Bryden
2V/1-17	Professional, Tech.	AUSTRALIA	Country Pediatric Program	Hank Duyverman
5J/1-16	Professional, Tech.	CANADA	Self Dir. Learning App. to the Training of Medical Doctors	Lynne McTaggart
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15G/1-13	Professional, Tech.	GERMANY	In-service Training at Busch	Peter Kilgenstein
15N/1-17	Workers Professional, Tech.	GERMANY	Human Resource & Organ. Dev.	Colin A. Guthrie
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29L/1-19	Professional, Tech.	NETHERLANDS	Part-time Course for Teachers of Nursing	Annette van den Berg-Ran
29M/1-13	Professional, Tech.	NETHERLANDS	Improvements in Medical Practice	I. W. Dresscher
29N/1-9	Professional, Tech.	NETHERLANDS	Practical Neurology	I. W. Dresscher
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*41N/1-7	Professional, Other	U.S.A.	Helping Stock Brokers Cope with Stress	Alan B. Knox
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13H/1-5	Workers	FINLAND	Role of Training in Changing a Work Organization	Anneli Pulkkis Veikko Teikari Matti Vartiainen

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*37A/1-8	Professional, Tech.	SWITZERLAND	Formative Research in Swiss French Agric. Schools	Pierre Dominice Matthias Finger
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*45H/1-19	Workers	YUGOSLAVIA	Self Management at Worker's Universities	Milka Oljaca
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A WORLD PERSPECTIVE
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Face Sheet
World Perspective on Adult Education

Case coordinators should have this face sheet completed for each case description of a current or recent adult education program that is sent for compilation to Alan B. Knox, 264 Teacher Education Building, University of Wisconsin, 225 N. Mills Street, Madison, Wisconsin 53706, USA.

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Nation United Kingdom

2. Check whether this case is based on

(x) an actual program

( ) a composite based on general familiarity with such programs

3. Write a brief title or name of this program to use to refer to it

Heartbeat Wales

4. Write the type of program, from Section III of the project plan, in which the program best fits (such as A. Literacy, B. Agriculture, C. Workers, etc). H. Health

5. Type of organization with which the case program is associated (such as Ministry of Agriculture, local school, labor union, university, or clinic).

Government Health Department, University

6. Basic characteristics of service area

A. _____ geographic size (such as square miles or kilometers)

B. _____ population (number of people living in area)

C. _____ urban/rural (density of population)

D. X nationwide

7. Year(s) covered by the case description 1985-1988

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HEARTBEAT WALES: A MASS POPULATION APPROACH TO REDUCE HEALTH RISKS*

A. SETTING

INTRODUCTION

The Welsh Heart Programme or Heartbeat Wales as it is colloquially known was launched in March 1985. Sponsored by the Health Education Council (HEC) and the Welsh Office (the Government Department with responsibility for Wales), Heartbeat Wales was established as a demonstration project to test the feasibility of modifying risk factors for cardiovascular disease, with the intention of ultimately reducing the high incidence and prevalence of coronary heart disease (CHD) in the Principality of Wales, particularly in those under the age of seventy-five. Funding was approved for a five year period initially, success to be measured on the basis of risk factor changes given the relatively short timescale for the Programme.

This case study covers the first two and a half years, concentrating on the different phases, the processes and mechanisms involved, and the organizations and agencies associated with the Programme. Although Heartbeat Wales is concerned with lifestyle and health in general, the nutrition and diet component of the Programme will be used as the focus for the case study. The analysis will explore the factors which facilitated policy development and implementation, as well as describing some of the barriers and difficulties

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*Excerpts from Parish, R., Catford, J. and Nutbeam, D., "Breathing Life Into Wales: Progress in the Welsh Heart Programme," Health Trends (UK), May 1987, Vol. 19, pp. 22-31, and Parish, R., "Nutrition and Health: A Case Study of Heartbeat Wales," paper presented at 2nd International Conference on Health Promotion, 5-9 April 1988, Adelaide, Australia.

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encountered. It is not concerned so much with the achievements to date as the catalysts, obstacles and problems. It is an attempt to provide an honest appraisal of the Programme's evolution from the Heartbeat Wales' perspective. This will of necessity be a subjective view at this stage in the Programme's development, although the evaluation strategy embraces the need to consider process as well as outcome and will in due course provide a more objective assessment of the Programme's evolution. Without doubt, others involved in the totality of the Welsh Heart Programme will have a different view of events.

BACKGROUND TO THE PROGRAMME: GETTING STARTED

The establishment of Heartbeat Wales was preceded by several years of growing professional and political pressure for additional resources to be allocated to the prevention of CHD in Wales and, in more general terms, the development of health education. As early as December 1981, the Welsh Medical Committee had recommended that increased attention should be given to the primary prevention of CHD. Specifically, the Welsh Medical Committee's Report proposed that there should be "mass prevention through education", geared to the promotion of healthy living habits in the population. This was endorsed by a report of the Welsh Council of the Royal College of General Practitioners in 1982. In addition to the Welsh Medical Committee's Report, the HEC (the national organization with responsibility for health education in England, Wales and Northern Ireland at the time) was criticized at its annual colloquium in the same year for devoting insufficient resources to health education in the Principality.

In parallel with this professional pressure, there was a growing awareness in government departments of the high incidence of lifestyle related diseases in the United Kingdom and, in particular, Wales. In addition to this growing awareness of the scale of the problem relative to other industrialized

countries, a number of national and international committees highlighted the fact that the high incidence of cardiovascular disease could be reduced through the application of existing knowledge about preventative and health promotion measures.

During 1982 and 1983, the HEC was considering the possibility of establishing a major, regional demonstration project designed to combat the high incidence of heart disease and stroke. Given the pressure from health professionals in Wales, the Welsh Office opened discussions with the HEC and, in consequence, Wales was selected as the demonstration region. For administrative purposes, Heartbeat Wales was established as a department of the University of Wales College of Medicine and the Director of the Programme was appointed to the first Chair of Health Education and Health Promotion in the United Kingdom. The establishment of Heartbeat Wales within the framework of a University Medical School with a high reputation provided added credibility in the eyes of the public and a degree of academic respectability within the health sector. From an organizational point of view, the status of a University Department enabled ready access to public sector organizations, such as the nine health authorities in Wales, whilst retaining a large measure of independence from formal public sector planning and managerial control.

Thus, at the start of the Programme, there was a fair measure of professional support within the health sector for the broad concept of a primary prevention programme with respect to cardiovascular disease, without there being a clear expectation of what this might involve in practice. Similarly, government officials in several key departments in the Welsh Office supported the idea, although at this stage the elected politicians were largely unaware of developments. From the public perspective, it would appear that there was a lack of understanding about the impact of the Welsh lifestyle

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overall upon the population's health, although knowledge of the effect of individual health behaviours as risk factors for CHD appeared to be relatively high.

One in four Welsh men and one in eight Welsh women do not reach the age of 75 years because of heart disease or stroke. In the age range 55-64 years, one in nine men have had a heart attack, and one in seven men and one in nine women experience symptoms of angina. In stark contrast to most other Western industrialized countries, Britain has not seen a significant decline in CHD mortality, particularly in middle age, over the past decade and a half.

It was not merely the human cost that provided a powerful argument for action in Wales and elsewhere in the United Kingdom. The economic toll is also considerable. In Wales alone some 2 million working days are lost each year through CHD, 4 million general practitioner prescriptions for preparations acting on the cardiovascular system are dispensed and 860 beds are occupied every day by patients aged 25 to 74 years with cardiovascular disease. This accounts for one in five of all hospital beds used by this age group. The financial cost to Britain as a whole is considerable. In addition to hospital treatment and community care, the cost of output foregone was put at $460 million in 1981 with a consequent drain on the National Insurance Fund of over $115 million per annum.

There is evidence from inter and intra-national comparisons, together with migrant studies, controlled trials and community intervention projects that the major cardiovascular diseases are substantially preventable.

IMPROVING THE WELSH DIET: A STRATEGY FOR CHANGE

In order to appreciate the process of policy development and implementation with respect to the dietary component of the Heartbeat Wales' Programme, it is first necessary to appreciate the strategy that had been

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agreed as a result of the consultation period.

The strategy comprises four complementary approaches designed to embrace both the demand and supply aspects of food consumption, namely, public education: compositional changes; improvements in consumer information and food labelling; and increased access to and availability of those foods which would figure prominently in a healthy diet. There is little point in encouraging the population to improve their diet if the recommended foods are not readily available and identifiable at the places where people shop and dine, and at a price they can afford. Hence the emphasis on food supply from composition through to retail availability and consumer information.

UNDERLINING THE PRINCIPLES

The progress of Heartbeat Wales as a practical demonstration project coincided with a conceptual evolution of health promotion at the international level and, in particular, with the Regional Office for Europe of the World Health Organization. The developments have been mutually supportive, with Heartbeat Wales reinforcing and being reinforced by the statements outlined in the Ottawa Charter for Health Promotion.

The Charter described five basic tenets for health promotion action. Firstly, the need to build healthy public policy through advocating health as an agenda issue for all sectors and at every level, not just within the health services. The need for a coordinated approach was stressed. Heartbeat Wales has tried to adhere to this principle, although there are still many gaps in the overall policy matrix for a better diet.

Secondly, the Charter stressed the importance of creating supportive environments. Through its work on production, distribution and retail availability with the food industry, Heartbeat Wales has helped to create an environment conducive to improved nutrition.

The Ottawa Conference also highlighted the need th strengthen community action. Although far from ideal, Heartbeat Wales has made strenuous efforts to consult widely, take information into the public domain, and involve and support community organizations.

The development of personal skills was the fourth principle for action mentioned in the Ottawa document. Throughout its two and a half year history, Heartbeat Wales has maintained an active programme of information and education, creating new opportunities for skills acquisition.

B. OUTCOMES

1. Goals - The Planning Framework

Experience from other community-based cardiovascular disease prevention projects is somewhat limited. Most of the published work has been undertaken in the USA and Finland, e.g., the North Karelia and Stanford projects. These intervention programmes highlight methods of health education which use personal contact with 'experts' or mass communication techniques. In either case, the intervention was aimed at individuals with the intention of achieving individual behaviour change, the so-called 'micro'level of health promotion.

Although no one would wish to coerce people to improve their lifestyle, it is possible to intervene in a supportive way at the level of 'society as a whole'. For example, changes in the composition and availability of foods can have a marked impact on the diet of a population. Curtailing tobacco pollution by introducing smoking controls can improve the physical environment and reduce secondary or passive smoking. Financial incentives or disincentives, through taxation or pricing policy, can encourage or discourage the purchase of specific products or services. The social acceptability of

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certain models of lifestyle can be affected markedly by advertising, marketing and public policy. Approaches at this 'macro' level are intended to be a complement, rather than an alternative, to health education orientated to individual behaviour change. They make healthy lifestyle choices easier.

Traditional health education relying primarily on the provision of information is of limited effectiveness. A more sophisticated approach to health promotion now recognizes the complex way in which behaviour is linked to the economic, physical and social environments. As a result, the intervention design of the Welsh Heart Programme comprises complementary approaches at both the individual and community levels.

2. Benefits

The Welsh Heart Programme embraces a comprehensive research and evaluation strategy. In addition to formative research to assist with the process of policy development within and outwith Heartbeat Wales, there is also a strong emphasis on process as well as outcome evaluation. It is too early in the life of the Programme to draw any major conclusions from the evaluation of process and the following assessment is, therefore, of a subjective nature.

There does appear to have been a growth in concern about health, as opposed to illness, during the lifetime of the project. This has occurred within institutions and amongst the public at large. Evidence from market research undertaken by Heartbeat Wales supports the view that there is a growing interest in health matters in the Principality and that people are changing their diet. The same research demonstrates that there is considerable public support for the aims and activities of Heartbeat Wales. This is endorsed by the increase in mass media coverage over this period, to the extent that BBC television in Wales has now been given the specific responsibility within the national network for health related productions.

Institutions in both the commercial and public sectors have changed their stance and there is a greater priority accorded to health than was previously the case. This is particularly true for the health authorities where there has been an increase in resources for health promotion at a time of general financial constraint.

In a similar vein, government policy has also given health promotion a higher priority. In addition to providing Heartbeat Wales with a real increase in funding during the first two years, the Secretary of State for Wales established an all-Wales health promotion agency, the Welsh Health Promotion Authority, in April 1987. This body, constituted by Act of Parliament, has been given a multi-sectoral remit and, indeed, its accountability is outside the health sector. Although there were other factors involved in its establishment, Heartbeat Wales was almost certainly an important influence. The areas where Government has been less than helpful relate to those aspects of policy determined at the United Kingdom level, rather than within Wales itself. For example, successive administrations of both parties have yet to demonstrate when in power a real concern for health as an essential element of agricultural policy. Perhaps more progress on this matter would have been forthcoming within Wales if there had been a greater devolution of responsibility to the Welsh Office for agricultural policy.

The new Health Promotion Authority has reinforced the Welsh Office view that Heartbeat Wales should be a major priority for the next few years in the hope and expectation that other lessons will be forthcoming as the Programme continues to develop.

In undertaking this case study, it is clear that there have been fewer problems than might have been envisaged at the outset. The evaluation activities will in due course shed light on the extent to which this has been

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due to good fortune or clever planning. Suffice to say that much has been learned which may be of benefit to health promotion in general.

C. PROCESS

1. Planning

Heartbeat Wales was not established to research the epidemiology of CHD. The project's terms of reference specifically concern the feasibility of intervention on a major scale and, as such, the conclusions of the WHO and other expert bodies have been accepted as the basis for planning.

The 1982 WHO Expert Committee described three policy options for CHD prevention: a population approach; a high risk strategy; and secondary prevention. The Report stressed that in most countries with a high incidence of CHD the levels of the major risk factors were too high in the majority of the population. Most cases occur among the large proportion of the population in whom risk factors are moderately elevated, not among the smaller group at comparatively high risk. The Committee concluded that only a mass population approach could assist this larger group. As a consequence of the high incidence of CHD in Wales and the recommendations of the WHO, it was agreed that most effort should be directed to a population approach, although support would also be provided for certain high risk and secondary prevention programmes.

SETTING THE AGENDA

One of the first tasks of the Project team was to establish a climate of opinion conducive to policy development, professional support and public involvement. The following decisions were taken, therefore, at the outset:

- o involve key political figures in a practical way.
- o generate a widespread mass media campaign.
- o formulate a consultation document.

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- o open a dialogue with as many organizations and potential allies as possible.
- o generate information which would (hopefully) assist the advocacy process.

An opportunity to involve the Minister with responsibility for health occurred right at the outset of the Programme. Prior to its launch, the Project had to acquire accommodation and establish a base from which to operate. This was found in the centre of Cardiff, the capital city in Wales, and was named after a nationally known and respected, recently retired senior politician. As such, this provided the opportunity to invite the current Minister to open the building formally, itself an opportunity to involve the broadcast and printed media, and bring the launch of the Programme into the public arena. With the Minister present and offering support, this was a favourable time to marginally redefine the remit of the Project to embrace the promotion of good health generally rather than merely the prevention of disease, and also to make high profile public statements about the need for all sectors of Welsh life to contribute to an improvement in the health of the population.

One of the lessons learned from the Heartbeat Wales' experience is that there has to be an "entry point" with which politicians, professionals and the public can identify. There has to be a "cutting edge" which will seem desirable and, indeed, necessary in order to win resources and support. In this case the entry point was cardiovascular disease prevention. Once the principle of action in this arena was accepted, it was possible to broaden the scope of the Programme to embrace the notion of positive health promotion without compromising the initial aim of reducing the high toll from heart disease and stroke.

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Besides the case for policy development at the health authority level, there was also an argument to be won within Heartbeat Wales. At the outset of the Programme, the Health Education Council and the Welsh Office had established a multidisciplinary steering group for the Project, comprising eminent representatives from a number of key professional groups within Wales. Not all of the members of the steering group were convinced of the desirability of a community based nutrition programme. The case for such an approach was finally substantiated through two main approaches. Firstly, the proposals were supported with a wealth of external authoritative publications, often from outside the United Kingdom, and the Expert Committee Reports of the World Health Organization were quoted extensively. Secondly, negotiations about policy development likely to contribute to an improvement in the Welsh diet were entered into with a number of organizations outside of the health sector. Not the least of these was the food industry itself. Details of these developments will be described later in this paper, but suffice to say at this stage that the combination of the two approaches gradually led to the acceptance of the need for a community based nutrition programme. Subsequent evidence from the research work undertaken by Heartbeat Wales has substantiated the case for this approach and the issue is now rarely questioned.

Establishing support from the food industry was only one of a number of alliances formed in the early part of the Programme. There was also agreement among the Project Team that support and involvement from the voluntary sector would be crucial. Thousands of people were met during the first few months by the small Heartbeat Wales' staff and support in principle for the Programme was forthcoming from a number of agencies in the voluntary sector. These meetings provided an early opportunity for people from many areas of welsh

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society to contribute suggestions for the future policy direction of Heartbeat Wales.

Meeting so many opinion leaders in person in the various communities in Wales was crucial to the Programme's early success. Experience has shown that there is no substitute for person to person contact. This phase was followed by the publication and widespread distribution in Autumn 1985 of the Heartbeat Wales Consultative Document. This provided a detailed description of the background and rationale to the Programme, and its conceptual and theoretical framework. It also described the proposed five year strategy, and requested feedback and ideas for modification. It is perhaps a tribute to the success of the early personal consultative phase that this document received widespread support. This came not only from the health sector and government departments, but also from the education sector, commerce and industry, and non-governmental organizations.

THE POLICY PROCESS

Policy development is not always a "top-down" exercise. It is not necessarily generated at the central government level, thereafter to percolate down to lower levels of bureaucracy. Although the Welsh Office remained supportive throughout the first two and a half years of the Programme and, indeed, had taken the initial policy decision, in conjunction with the Health Education Council, to establish Heartbeat Wales, thereafter policy developed in many organizations simultaneously and at various levels. From a number of starting points, it has diffused up, down and laterally within and across different sectors. The role of Heartbeat Wales has been to initiate, support and coordinate such developments. The following paragraphs attempt to explain the policy process in each of the sectors associated with the nutrition component of the Heartbeat Wales' strategy. Although starting from the

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standpoint of a logically planned framework, the process proved to be somewhat organic in nature, with consequent demands upon the Project Team to respond quickly and opportunistically on occasions, whilst at the same time adhering to the main thrust of the agreed strategy.

The Health Sector

The importance of the health services, in particular the health education and community medicine departments, as either catalysts at the local level or barriers to change was recognized early in the life of Heartbeat Wales. Key personnel were visited in each of the nine health authorities within the first few months. Each Authority was asked to develop a food and health policy for its own population, coordinate national programmes at the local level, and establish two or three priority areas for action which would meet the needs of the local population. To enable these activities at the local level to occur, Heartbeat Wales asked each health authority to consider establishing a specific planning group, the composition of which would include wider representation than merely the health authority and local government. Although all of the health authorities set up such a group, several resisted the idea of wide community representation.

Some of the difficulties of professional resistance have already been described earlier in this paper. In addition to the use of authoritative documents and mass media approaches to break down these barriers, discussions were also held with the National Health Service Directorate for Wales, the government department with responsibility for establishing central priorities and policies. The purpose of these meetings was to advocate the inclusion of local policy development and implementation as one of the criteria in the annual performance review of health authorities. Given the increasing documentation at the national and international levels in support of dietary

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change and the public concern reflected in the media coverage, the NHS Directorate readily supported the proposal during 1986, incorporating health promotion as a priority issue. To further encourage policy development at the District Health Authority level, Heartbeat Wales also provided considerable support to many of the Authorities in the form of a "model" district policy, personal advice, and negotiating expertise.

An interesting "snowball" effect resulted from this exercise. Two of the nine health authorities had already made considerable progress in developing a food and health policy prior to the advent of Heartbeat Wales and several others took the issue on board shortly afterwards. As a consequence, something akin to peer pressure appeared to occur with respect to the remaining authorities. It is difficult to qualify the precise contribution of Heartbeat Wales at this stage, although comparison with other United Kingdom regions would suggest that there was a considerable acceleration in the policy development and implementation process.

Local Government

There are 37 District Councils in Wales which are responsible for the delivery of a number of services, including Environmental Health and Leisure and Amenities. Heartbeat Wales was particularly keen to work with Environmental Health Officers (EHOs), given their explicit mandate for public health. In the Spring of 1985, a letter was forwarded to the Institution of Environmental Health Officers outlining a number of options for potential collaboration. The possibility of promoting healthy eating and non-smoking in catering outlets was of particular interest to Heartbeat Wales. The suggestion was that EHOs could promote these issues as part of their routine food hygiene inspections of catering premises. After considerable discussion with the Institution and individual environmental health departments, five

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districts were selected for a pilot award scheme. The EHOs' motivation for participating, however, was somewhat different to that of Heartbeat Wales.

There were two primary considerations underpinning the EHOs' involvement. One related to their philosophy of professional practice, the other to their efficient delivery of service. EHOs are charged with both an enforcement and an educational role. Much of their past practice revolved around the enforcement of regulations and, at the time of the discussions with Heartbeat Wales, there was a growing emphasis within the profession on educational approaches rather than legal pressure. In tandem with this concern, many Environmental Health Departments were keen to improve the uptake of their educational courses for food handlers, rather than just relying on compulsory adherence to food hygiene regulations. The eventual, collaborative Heartbeat Award scheme was launched in January 1986 by incorporating both the Heartbeat Wales' considerations and those of the Environmental Health profession. Although not all of the 37 District Councils in Wales were enthusiastic about the 'Heartbeat Award' in the first instance, a total of 25 have now agreed to participate and 15 of these are actively implementing it. A high media profile organized by Heartbeat Wales assisted in making the scheme attractive to local politicians and professionals alike. In order to continue the support of those in local government, however, Heartbeat Wales will have to place greater emphasis on generating public interest, predominantly through the use of mass media techniques. This is true, in particular, for those establishments catering for social occasions, such as restaurants and hotels, rather than workplace dining rooms and hospital catering departments whose services are more functional in nature. The success of this one activity with the District Council Environmental Health Departments has also paved the way for developments with other services under the jurisdiction of local government.

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Supply or Demand? -- The Food Industry

It is a fallacy that people freely choose the food they wish to eat. Choice is determined by availability, price, consumer information and knowledge. Hence the priority accorded to policy change within the food industry by Heartbeat Wales.

The work with the industry has been one of the more innovative aspects of the Welsh Heart Programme. Historically, the agricultural and food sector has been an important contributor to the Welsh economy and, as such, represents a powerful lobby in political circles. There was a recognition at the start of the Programme that, in the recent past, the food industry had received considerable criticism from the health sector for its injurious impact upon the health of the population. The view was that it would not have been appropriate for Heartbeat Wales to adopt this stance for three reasons. Firstly, it would create influential opponents early in the life of the Project. Secondly, it had not proved effective in bringing about constructive change and, finally, Heartbeat Wales wished to avoid any action which might have a detrimental impact upon the Welsh economy. It was agreed, therefore, to adopt a policy of potential collaboration with the industry.

Initially, this was viewed with considerable suspicion, even open criticism, by many in the health professions, although it was well received in the Welsh Office. Some of the more ardent critics felt that Heartbeat Wales might compromise its nutritional messages in order to establish joint programmes with commercial interests. This was despite the fact that Heartbeat Wales had placed great emphasis on publicly endorsing the national dietary guidelines.

Negotiations about the content of Tesco healthy eating programme were extremely positive. (Tesco is the largest supermarket chain in Wales.) Tesco

A 40/17

agreed to reformulate its own brand products, introduce a labelling scheme, provide consumer information about diet and health, and develop a comprehensive marketing and promotional programme. In return, Heartbeat Wales provided credibility and respectability through its high profile association with the scheme. In addition, Heartbeat Wales staff offered specific expertise, generated considerable news media coverage, and encouraged other organizations, such as the health authorities and the voluntary sector, to support the Tesco programme.

KEYS TO SUCCESS: THE EXPERIENCE OF HEARTBEAT WALES

The experience of the last two years has led to a number of conclusions which may be of value to others involved in health promotion policy development.

- The process of policy formulation is organic in nature and can begin at any level within an organization or sector. Indeed, it frequently starts at several levels simultaneously. Policy development is not necessarily a "top-down" exercise and there is merit in aiming for the level most likely to result in a positive response, thereafter to encourage diffusion up, down and laterally. Nutrition is a good example of public pressure in support of policy change.
- Health promotion must start at the point of existing policy. It must be seen to be relevant to the current agenda of those called upon to reorientate their activities. This exemplifies the need for information prior to entering the negotiation phase.
- Health promotion is by definition a positive concept and it is only rarely that there needs to be "winners" and "losers". Heartbeat Wales adopted the principle that, unless absolutely unavoidable, everyone should "win" as a result of the health promotion process.

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Collaboration rather than confrontation should be the general rule, even with those who might not necessarily appear to be natural allies. There are one or two notable exception to this rule (e.g., the tobacco industry).

- It is essential to have an "entry point" which is meaningful and credible from the political decision makers point of view. Proposals must be specific and based upon a clearly defined need. The importance of a solid research base cannot be overemphasized as a means of generating interest and justifying recommendations.
- Negotiating ability is essential for those charged with an advocacy role in health promotion and a comprehensive information base is a prerequisite for effective negotiation. Equally, personal and organizational communication skills are of fundamental importance.
- Although it is important to establish a plan of action based upon consultation, it is also essential to remain flexible within the agreed aims of the Programme. It is not possible to foresee all eventualities during the planning phase and the ability to react opportunistically is a key ingredient of success.
- It is imperative to generate a climate of public acceptability for health promotion prior to and throughout the policy development process. This can be achieved through genuine participation by community groups, market research, and mass media coverage.
- Persistence is a virtue. A negative response at one level does not necessarily mean that there will be a similar reaction at other levels of the same organization.
- Peer endorsement and the exchange of ideas is important when dealing with the issue of professional development.

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- o Policy proposals must be demonstrably feasible in practice. A programme of education and training is essential where new knowledge and skills are required to implement changes in working methods.
- o The use of local demonstration projects can be a valuable precursor to more comprehensive policy agreements.
- o Simultaneous action in a number of arenas is preferable to a concentration of effort in one area only. Multisectoral action can lead to mutual reinforcement in the policy development process, one sector agency spurring others to action.
- o It is undesirable and logistically impossible for the central agency to undertake or endeavour to control all activities. The consequence would be a shift from a role of innovation and advocacy to that of programme maintenance which would stifle progress. Furthermore, it is essential to engrain health promotion policy into professional and organizational practice so that developments will be maintained once the central agency, such as Heartbeat Wales, disperses. This will not occur without a devolution of responsibility to the local level.

2. Methods

The HEC's original 1984 planning document envisaged that approximately one third of the Programme's budget would be spent on mass media initiatives. The success in generating media interest has meant that this figure can be reduced and there is little doubt that although mass communication methods will continue to play an important role during the remainder of the Programme, the impact on lifestyle change should not be over emphasized. The mass media can provide an avenue for raising public awareness and transmitting simple messages; they have a role in limited skills training (e.g., cooking techniques); can provide cues for action, and can help create a social climate

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conducive to change. But the power of the mass media alone to alter behaviour should not be overrated. Media techniques will be most effective when used in conjunction with other more personalized approaches.

Programme Development

The importance of participation by and support for communities in Wales was recognized at the outset. Key individuals and agencies were visited during the early months to plan a programme. This culminated in the publication of a detailed consultative document, **'Take Heart'**, which outlined the proposed strategy and described the conceptual framework. The document received an overwhelming response from Health Authorities, Community Health Councils, Family Practitioner Committees, individual health professionals, voluntary agencies, County Councils, national and local politicians and District and Borough Councils.

'Take Heart', in line with WHO recommendations, proposed that the Programme should emphasize the population approach involving the whole community in an attempt to modify risk factors. The Programme should be multi-sectoral in scope, also in keeping with WHO recommendations, comprising mutually reinforcing action on several fronts.

Supporting Primary Health Care

Heartbeat Wales is keen to support the proposals for the prevention of cardiovascular disease outlined in a report by the Welsh Council of the Royal College of General Practitioners. This recommended the routine recording of smoking and blood pressure, as well as opportunistic health education about diet and general fitness. Increased anticipatory care will be supported during 1987 through the appointment of Primary Care Facilitators. This will also meet the request for support from DHAs described in the Report from the Welsh Council. Some facilitators will operate along the lines of the Oxford

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Heart Attack Stroke Project, others will experiment with alternative models.

The Council's Report stressed the importance of appropriate education, including in-service training for all members of the primary health care team. Heartbeat Wales has collaborated closely with the Open University in the development of a distance learning course on cardiovascular disease prevention for primary health care practitioners.

Support from other health professionals was stressed in the Programme's Consultative Document. Heartbeat Wales is funding a pilot project to enhance the health education skills of pharmacists and dentists, and this could be extended during 1987. Mid Glamorgan Health Authority and the Nursing Department of the University of Wales College of Medicine, funded by Heartbeat Wales, are assessing the role of the health visitor in promoting family health. A conference for nurses held in Spring 1987 should provide the stimulus for further nursing initiatives.

Community Groups and Voluntary Organizations

Much of the success of other cardiovascular disease prevention schemes has been attributed to community organizations and lay people. The lay 'opinion leader' approach in North Karelia has been highlighted by the Finnish team. Local community groups including the Women's Institute, Young Farmers, Rotary and Soroptomists are among many which have helped stage educational, fund raising and activity-based events.

Lay people in community groups often provide the foundation for self-help and mutual support. Several projects are underway in mid and north Wales concentrating on smoking cessation, weight loss and the promotion of fitness and health in general. Educational tools for supporting this type of activity are already available through the Open University Community Education courses and the **'Look After Yourself'** Programme. The Women's Institute plans to establish a 'lay leader' network.

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Industry and Commerce

One of the more innovative aspects of the Welsh Heart Programme's work has been its association with commerce and industry, primarily with the food industry. The diet strategy has four key components: compositional changes, improved availability of certain foods, consumer information, and public education. The Programme team felt that there was little point in encouraging people to eat a healthier diet if this was not readily available at an affordable price. Discussions held with Tesco reached agreement on several issues. The composition of own label products was reviewed to reduce fat, sugar, salt and unnecessary additives wherever possible. A detailed nutritional analysis was included on the label of these products, together with a simple guide such as **'low fat'** or **'high fibre'**. **'Healthy'** foods have been included at a reduced price in promotional exercises as part of the Tesco Healthy Eating programme and the company has produced a range of unbiased educational literature for public consumption. Similar schemes with other chains are underway.

3. Improvement

The way in which research data were used is of particular interest. The Welsh Heart Programme has a comprehensive research and evaluation strategy designed to assess the process of change and outcomes, as well as providing a formative function. As part of this strategy, several large scale lifestyle and bio-medical surveys were undertaken within the first six months of the Project. Not only was the methodology of the survey work unique in many ways, so too was the use to which the data was put. Instead of releasing the results and conclusions only through scientific journals, Heartbeat Wales chose to publicize the findings through the popular media. Thus the information came into the public domain more rapidly than would have been

possible if the more usual professional channels had been used.

The data have been continuously "drip fed" over the lifetime of the project as a means of maintaining constant public and political interest. Moreover, the survey design ensured that comprehensive information was available not only on an all-Wales basis, but also at the County and health authority levels, thereby acting as a focal point for opinion leaders and a catalyst for local action. The regular release of original data about the health and social circumstances of the Welsh population to the broadcast and printed media in Wales has ensured their continued interest and helped to maintain a high public profile for the Programme.

4. Participation

Some of the health authorities were concerned about food industry relationships, particularly when Heartbeat Wales accepted a financial donation of $100,000 for each of the first two years of the Project. There was a feeling that Heartbeat Wales had been "bought off" by the industry and would no longer be capable of providing independent, unbiased advice to the public. It was at this stage that the prudence of endorsing the national dietary guidelines so early in the Programme was realized. To this day, Heartbeat Wales has not deviated from these guidelines. Those in the food industry associated with Heartbeat Wales have, however, adopted production and marketing policies which are much more in keeping with the guidelines than was previously the case.

Success breeds success and, as a result of Tesco achieving its marketing goal, there has been a continuing evolution of the healthy eating programme. The concern for health now extends beyond the original concept of a marketing strategy and includes, for example, a much broader health promotion policy for staff. The disadvantage is that, although Tesco had provisionally agreed to

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continue funding at $100,000 per annum for a further two years, the considerable marketing success in so short a time appears to have dampened their enthusiasm for maintaining this level of support.

The next major initiative with the food industry proved to be of even greater concern to the health sector. In order to make progress with the influential agricultural sector, Heartbeat Wales met with the Meat and Livestock Commission (MLC) during the summer of 1985. Initially, Heartbeat Wales was viewed with some suspicion by the Commission on the basis of previous experience with the health field.

There were two options open with regard to the Heartbeat Wales' nutritional message on red meat; either eat less meat or eat leaner meat. It will come as no surprise that the latter proved more appealing to the MLC. In fairness, the MLC had already published a considered and largely positive response to the 1984 DHSS Report on Diet and Cardiovascular Disease. The policy shift in favour of health concerns had, therefore, already commenced and Heartbeat Wales was able to capitalize on this development. It was not until Heartbeat Wales had made a number of public statements about the role of lean meat in a healthy diet, however, that the relationship between the two organizations became truly collaborative, resulting in a number of joint activities with the meat industry.

As a consequence of this rapport and because of the public relations advantage to the meat industry, the MLC offered Heartbeat Wales at the end of 1985 $25,000 per annum for each of the first two years. Although this was acceptable to Heartbeat Wales, it caused considerable consternation at the Health Education Council, one of the Programme's founder organizations. From the health sector's point of view, the meat and livestock industry proved to be even more dubious a partner than a major supermarket chain. It took a

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considerable degree of lobbying for influential pressure to be brought to bear upon the HEC before Heartbeat Wales was in a position to accept the offer of financial support, and it is only as a result of being able to demonstrate the practical advantages for health of such a partnership that the more reticent health authorities have come to accept the relationship. Had Heartbeat Wales bowed to the intense pressure in the early stages of negotiation with the MLC, the alliance would never have materialized. It is interesting to note that within twelve months the HEC entered into a similar arrangement with the MLC.

D. INPUTS

1. Participants

Wales has a strong tradition of County shows and events, particularly during the summer. As part of the process of raising awareness and encouraging community involvement, Heartbeat Wales and Health Authorities attended most of the major County and Agricultural shows during 1985 and 1986. This exhibition work will continue throughout the initial 5 years, albeit at a reduced level. It has been considerably assisted by the recent donation of 6 pantechnicon trailers converted with the help of the Manpower Services Commission. Five of these vehicles, provided by a leading supermarket chain are used by Health Authorities as mobile exhibition and lifestyle appraisal units.

Cooperation with television continued during 1986 with a co-produced 10-part series about healthy eating broadcast on HTV from October to December. Information packs and health kits supported the programmes. By the mid-point of the series, 37% of Welsh people had watched at least one programme. The success of the high media profile was illustrated by a survey conducted one year after the launch; 53% of the Welsh population were aware of Heartbeat Wales and 97% of these considered it a worthwhile enterprise.

Raising Awareness: Generating Interest

The need to create a climate of opinion and interest conducive to the development of the Programme was a major focus of attention during the first 12 months. Mass communication techniques can be used effectively to convey relatively simple messages to large numbers of people at comparatively low cost, and approximately one sixth of the first year's budget was used to finance media activities. The print and broadcast media were employed extensively to raise awareness about the need for community action and enlist the support of the public, professionals and politicians. Advertising time and space were not usually purchased. The Programme would be newsworthy itself if it was achieving its goal of community involvement. Extensive coverage was provided by the local and regional press, local radio, and national and regional television.

2. Needs

Heartbeat Wales established early in its life that it would seek to collaborate wherever possible with those responsible for production distribution and retailing in the food industry. One of the first alliances formed was with Tesco, the largest supermarket chain in Wales. The initial contact arose from Tesco's attendance at a conference on CHD just prior to the establishment of Heartbeat Wales at which proposals for dietary improvement were presented. This resulted in discussions during December 1984 and the first few months of 1985 about possible areas for collaboration. Tesco's interest in healthy eating stemmed from its desire to achieve greater market penetration with reasonably affluent shoppers. Market research had demonstrated that there was a greater concern about diet and health in the educated middle classes than in other groups.

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3. Staff

Key staff at Heartbeat Wales took up appointments between December 1984 and February 1985. The workload was divided into three sections: Research and Evaluation; Public Affairs; and Programme Development.

4. Finances

Core funding was provided by the HEC ($315,000 in 1985/86), and the Welsh Office ($130,000 for the year). Ministers encouraged the programme to seek funds elsewhere and the private sector contributed $120,000.

Heartbeat Wales has allocated almost a third of its budget for the period 1986 to 1989 to support local initiatives, most of the funds being directed through Health Authorities. It would be unreasonable to expect Health Authorities and their health education units to undertake a considerable increase in workload without a corresponding increase in resources. However, Authorities were advised in the planning process that financial support would not be available unless additional funds were generated at the local level on roughly a matched basis. Heartbeat Wales did not insist that such funds should be allocated from the Health Authority's budget; indeed, it was suggested that agencies, such as Manpower Services Commission, Family Practitioner Committees, and County and Borough Councils, might lend their support for community projects.

5. Other

There are two important lessons to be learned from this experience. Firstly, it is sometimes difficult to adopt the principle of responding to community determined priorities, given that lay organizations do not always have a comprehensive understanding of the potential courses of action and, therefore, lack a sense of direction. This may, of course, be a product of an inadequate strategy by Heartbeat Wales. Secondly, real democracy in the

process of detailed policy development may be inversely related to speed of outcome because of the organizationsl limitations involved. These two dilemmas pose questions about some of the principles underpinning health promotion.

One further interesting relationship with the voluntary sector concerns the British Heart Foundation (BHF). This is an extremely well known charity with a considerable track record in raising funds, predominantly for medical research. Although the BHF had not previously regarded CHD prevention as a priority for its financial support, Heartbeat Wales made an approach during the summer of 1985 with a request for assistance and proposals for joint action.

In addition to its many lay members, many of the BHF's leading activists are from a medical background, frequently cardiology. There was some suspicion about the scientific validity of community based heart disease prevention programmes, arising mainly out of the difficulties associated with their evaluation. In addition, the arguments may have been confused with a concern that resources would be diverted to prevention activities at the expense of medical research in the cardiology departments. One consequence of these concerns was that the negotiations with the BHF took much longer to reach fruition than might have been anticipated as various misunderstandings and misconceptions had to be clarified. Eventually, Heartbeat Wales and the BHF, entered into an agreement early in 1987 to raise funds jointly within Wales, the proceeds to be shared between both organizations. The possibility of Heartbeat Wales establishing its own fund raising charity, perhaps in competition with the BHF, probably helped to precipitate the agreement. In the event, the relationship has become highly cooperative with Heartbeat Wales benefiting from the expertise possessed by the British Heart Foundation.

F. INFLUENCES

1. Positive

The Role of Health Authorities

The importance of the nine Health Authorities was recognized in the early HEC planning document. Action at the local level would have been seriously hampered without their participation. Key personnel in each Authority, contacted at the onset, were asked to fulfill three specific roles: provide general support for activities generated at the national level; monitor and coordinate action within their specific County (seven of the eight counties are co-terminous with a District Health Authority, the remaining county of Dyfed relates to two Health Authorities); and identify two or three local priorities for possible financial support from Heartbeat Wales.

Each Authority was asked to establish a multidisciplinary planning group, guidance being offered, via reference to the report of a national conference on CHD prevention held in September 1983. Although Health Education Departments undertook the responsibility for much of the planning and coordination, the response from Health Authorities was excellent. The Programme could not have progressed so rapidly without their support. Each Authority has at least one CHD Planning Group, and some also embrace other health promotion and prevention issues. In two large counties the responsibility has been passed to local planning teams.

Advice and support were provided for the development of District Smoking, Food and Health Policies, largely based on work already undertaken elsewhere. Most Authorities had started to develop Food and Heath policies; all now have smoking and diet programmes, at least in the late planning stages, and most are in the process of implementation. Further developments are being encouraged as part of the Annual REview and Heartbeat Wales has a role in monitoring progress.

The Ambulance Services supported the Programme by promoting educational schemes to teach cardio-pulmonary resuscitation (CPR) to the public. A national programme under the banner **'Heartstart Wales'** is now underway as part of the **'Save a Life'** campaign and in many areas the voluntary ambulance services are involved.

In addition to smoking, diet and CPR, Health and Local authorities are being encouraged to develop coordinated programmes for blood pressure screening and control, and the promotion of exercise.

The main focus of attention in secondary schools following a request by the Under Secretary of State at the Welsh Office is on smoking. The **'Family Smoking Education'** project, also funded by the HEC, is being promoted for use in the first year of secondary schools and the intention is to augment this with the Council's **'Smoking Education for Teenagers'** project in Year 2 during the 1987/88 academic year. Additionally, a 'heart health' curriculum project for use in secondary schools is being developed by the Health Authority and Local Education authority in South Glamorgan, in conjunction with Heartbeat Wales. The data on smoking from the Youth Health Survey, and an outline of the youth programme, are available in a separate report.

Collaboration with District and Borough Councils

There are 37 local Councils in Wales and much of the work already undertaken has been in collaboration with Environmental Health Departments, although Leisure and Recreation Services are now often involved in the development of exercise programmes. In January 1986 Wales, with four Environmental Health Departments, launched a pilot project designed to restrict smoking and improve menu choices at eating establishments. The scheme, administered by Environmental Health Officers as part of their routine food hygiene inspections, gave a Heartbeat Award to any establishment

conforming to specific criteria. Twenty-two councils have joined the scheme and restaurants, hotels, schools, hospitals, fast food outlets, and public houses have won awards.

Improving Health in the Workplace

The workplace provides an opportunity to take elements of the programme to large numbers of people who share a common environment. Many employers provide occupational health services and there has been considerable interest in developing screening and general health promotion activities by the medical and nursing staff.

British Airways, Fords and the National Coal Board have started programmes in Wales. Occupational Health Departments often have access to individuals, mainly men of working age, who frequently consult primary health care services. These departments offer screening and health advice to many of the people who, by virtue of their age and sex, are at greatest risk of cardiovascular disease.

Catering services play a major part in providing a healthier diet. Caterers have been receptive and many dining rooms now offer healthier menu options, customer information, and literature about healthy eating. Leading catering firms have developed lower fat, salt and sugar recipes for traditional dishes. Far from losing trade, Civil Service Catering Organization (CISCO), for example, reports an increase in sales after adjusting for price increases of some 20% (personal communication) during the first six months of the healthy eating programme. They also sold 15% fewer chips, largely replaced by jacket potatoes. Wholemeal bread and rolls now outsell white.

Reducing exposure to other people's tobacco smoke is a central target. Employers have been encouraged to develop smoking policies which recognize the rights of non-smokers as well as the needs of smokers. The TUC resolutions on

smoking at work have been often used as the basis for dialogue at Joint Consultative meetings, with employers responding to a trade union initiative. The TUC in Wales has been extremely cooperative and discussions are currently underway for a joint venture concerning the **'Look After Yourself'** programme (see page 32). The British Institute of Management and the Confederation of British Industry have also given support.

Given the impact on the Welsh economy, Heartbeat Wales was also keen to work with the agricultural sector. Collaborative events were staged with the meat and Livestock Commission, culminating in the launch of a pilot scheme to promote leaner cuts of meat in Cardiff. This will be extended throughout Wales during 1987. The possibility of including low fat processed meat products is being explored.

The Dairy Industry does not appear to be universally in favour of the nationally accepted dietary guidelines but the major milk distributor and retailer in South Wales, Unigate, has helped Heartbeat Wales promote semi-skimmed and skimmed milk by taking one penny off the cost of a pint and delivering a promotional leaflet to every household served by their roundsmen. The food industry in Wales is prepared to cooperate if there is a commercial advantage in terms of market share, public relations or added value, and the approach is based on collaboration rather than criticism.

Two important aims were, therefore, achieved with the formal launch of the Programme; firstly, the Programme was credited with a more positive image than that of disease prevention; and, secondly, the necessity for multisectoral action was placed firmly on the political and public agenda. The personal involvement of elected politicians at national and local levels in high profile public events has remained a continuing theme of the Programme. This has afforded them considerable publicity on a positive health issue at a time

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when there has otherwise been much public and media criticism about the inadequacies of the health services. In return, the constant involvement of political figureheads has helped maintain the media interest in Heartbeat Wales.

The high profile for the Programme was also assisted considerably by the production of an extremely popular, six part BBC television series in the Autumn of 1985. Initially negotiated by the Health Education Council, this series was co-produced by Heartbeat Wales and included a strong emphasis on the issue of diet. This collaboration with the broadcast media has continued and a later ten part series produced jointly with independent television concentrated specifically on diet.

From the political point of view, Heartbeat Wales met with all-party support. For those on the right of the political spectrum, the Programme was in line with their philosophy of promoting individual responsibility and personal choice, whilst for those of a Socialist or more left wing persuasion the project dealt with the issues of social support, inequalities in health, and better access to goods and services.

Much of the debate about the need for action and the measures possible was conducted through the mass media. Heartbeat Wales adopted an open policy with the press from the outset and staged a number of events which would appeal to editors and producers. In tandem with this, a strong Welsh identity for the Programme was encouraged, including strenuous efforts to ensure a bilingual approach (Welsh and English) in publications and broadcasts.

NON-GOVERNMENT ORGANIZATIONS AND THE VOLUNTARY SECTOR

By and large the voluntary sector responded positively to the early meetings with Heartbeat Wales and to the consultative paper. This applied to both the health related voluntary agencies, such as Action on Smoking and

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Health (ASH), and the non-health specific community organizations like the Womens' Institute and Rotary Clubs. The former might have been expected, but the latter appeared to arise from a genuine concern about health matters and appreciation of the offer of involvement.

Few difficulties have arisen between Heartbeat Wales and the health related agencies. In most cases a true partnership has developed resulting in a number of jointly sponsored events, particularly in the areas of public campaigning and professional education. The relationship with the 'non-health' voluntary sector, however, has proved to be more problematic, despite a genuine willingness by all parties to cooperate. Many of these community based organizations have made a splendid and important contribution to the Welsh Heart Programme, organizing 'one-off' events such as health fairs and family fun runs, and generally setting the agenda locally through high profile activities. However, Heartbeat Wales was also keen to promote a more sustained involvement over and above the periodic staging of single events. Several of the organizations also seemed interested in pursuing a similar approach. A number of difficulties were encountered, however, albeit for the best of reasons.

During the detailed discussions with the voluntary sector, Heartbeat Wales went to great lengths not to dictate the specific ways in which community groups might become involved. The organizations themselves, however, were looking for guidance and eventually Heartbeat Wales responded by drawing up a list of potential activities for voluntary sector involvement. This was met by requests to provide some degree of ranking in terms of importance. Heartbeat Wales had initially adopted the stance that it would largely support initiatives arising spontaneously from community organizations rather than determine the activities centrally. It was with some reluctance, therefore,

that the project eventually complied with the requests to rank the potential areas for community action in order of priority, as perceived by Heartbeat Wales. In fairness to the voluntary sector, these organizations were venturing into unfamiliar territory and it is not surprising, therefore, that a degree of leadership was requested. Heartbeat Wales should perhaps have recognized this fact at the outset.

A further complication then arose with several of the organizations, again for the most laudable of reasons. Most voluntary organizations are considerably more democratic in their decision making than public bodies or commerce and industry. Proposals for action, were, therefore, passed to all levels of the organizations for comment and approval. In some cases this involved three or four organizational tiers, perhaps only meeting at quarterly intervals. Whilst one cannot but applaud the concept of democratic decision making, it does not necessarily lead to efficiency of response and, as such, agreement on national policy issues had not always been as rapid as would have been desirable. It should be stressed, of course, that the policy approval mechanism is probably perfectly adequate for the usual activities of community based organizations and that the situation only became problematic because the timescale had originated externally. The rapid turnover of membership in many voluntary organizations may also be a complicating factor as it inhibits continuity of support. Notwithstanding these difficulties, many developments have taken place with the community organizations and their support has been one of the more valued aspects of the Welsh Heart Programme. A number of organizations are now involved in sustained programmes of action at the County level, notably the Women's Institute.

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2. Negative

OVERCOMING OPPOSITION

One of the major health behaviours and risk factors associated with CHD, diet was by far the most contentious with health professionals, particularly the medical profession. Whilst there was a ready acceptance of the need to modify diet in those individuals detected as having raised blood cholesterol, this did not extend to a population approach to dietary improvement. The opposition to a population based programme of a dietary change was such that, in several of the District Health Authorities, it acted as a major barrier to the formulation of a health authority policy on food and health.

A number of factors facilitated a change in attitude, however, and each of the nine health authorities had developed, approved and, in most cases, implemented a food and health policy by the end of 1986. Firstly, the high media profile in Wales on the question of diet, largely generated by Heartbeat Wales, brought about a groundswell of public opinion in favour of action which probably assisted in the softening of professional attitudes. It would be fair to say that there was already a growing interest in diet and health, but that this was accelerated by the increase in media activity. Heartbeat Wales also helped to focus public attention on the central issues of fat and sugar consumption, rather than the more tenuous question of food additives. The concern about diet was a classic example of the public being in advance of professional opinion.

The opposition of some health professionals to the proposals for a community programme of dietary improvement was a classic example of professional knowledge failing to keep pace with the latest evidence and authoritative recommendations. Several important national and international reports also assisted in the process of changing professional attitudes. In

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1983 the HEC published an important document containing detailed nutritional guidelines for the British diet. This publication had received a degree of notoriety in the national press insofar as there were claims that the government had suppressed its initial publication on the grounds that the recommendations might conflict with the interests of the food industry. Whatever the merit of the argument, the consequence was a degree of interest in the publication which otherwise might not have existed.

In the following year, the Department of Health and Social Services published an extremely valuable report which recommended dietary measures at the population level in relation to cardiovascular disease. As part of the process of professional attitude change, Heartbeat Wales adopted these documents as the nutritional basis for policy development and ensured that they were brought to the attention of health professionals and decision makers in the health authorities.

Heartbeat Wales has not been successful, however, in involving the nursing profession in the policy and decision making process, except on an ad hoc and local management reorganization of the NHS over the past three years which has worked to the considerable disadvantage of the nursing profession. As a consequence, senior nurses have not been involved in decisions at the health authority level about the Welsh Heart Programme and, therefore, are less well informed and, perhaps, understandable less committed. The management changes led to a degree of professional introspection which did not augur well for new initiatives apparently unconnected with professional and career development.

Despite the difficulties at health authority level, the Welsh Office and other national agencies concerned with nursing have been extremely supportive. There has been considerable collaboration at the national level in Wales in an endeavour to facilitate action throughout the profession.

Special events exclusive to nurses, targeted at their most senior representatives, have been organized during the latter part of 1987. These have been attended by influential figures, such as the Minister with responsibility for health in Wales and the Chief Nursing Officer, in an attempt to give greater priority to health promotion in the eyes of the nursing profession. Senior nurses have responded well to the professional leadership from the Welsh Office and their involvement in policy formulation at both national and health authority levels is growing.

Both the Tesco and MLC examples demonstrate the need on occasions to take risks in the face of influential opposition. The fact that Heartbeat Wales has been seen not to compromise its stance on nutrition over the past two and a half years has quelled virtually all of the unfavorable comments. Indeed, the health authorities are now involved with both organizations in activities t the local level.

There are a number of other developments with the food industry which are described in greater detail elsewhere. Suffice to note that there has been a common theme underpinning all of the initiatives; the importance of addressing the healthy eating issue on the basis of the other organization's existing policies and concerns. In order to be successful, the matter must be seen to be relevant to their current agenda. This highlights the need for competent negotiating and information gathering skills. This agenda of other organizations can itself be influenced through the social marketing techniques described earlier in this paper.

Two other areas of policy development with the food sector are also of interest within the context of this paper, one a success story and the other a failure. The first concerns the catering industry.

As part of a more comprehensive programme to improve health at the workplace, Heartbeat Wales was keen to promote changes in catering practice. Although dominated by a few large companies, the industry does not have a cohesive, overall policy and is highly competitive. The only way forward from the Programme's perspective would be to establish a number of demonstration projects, which could then be given considerable publicity, thereby harnessing the natural competitiveness of the industry. Policy change would, therefore, be at the local level.

A small number of key catering managers were approached during 1985. The concept of a healthy eating policy was "sold" on the basis of apparent and real public concern about diet, as demonstrated by mass media coverage and market research. Practical support was offered in respect of policy formulation, menu selection, recipe development, staff training and promotional activities. The competitive nature of the catering industry and the need to maintain "state of the art" practices has been the key to success, together with the impact of the social marketing strategy. This has resulted in a national movement in the Welsh catering industry, with the consequence that Heartbeat Wales is no longer able to meet the demands for support. As with other aspects of the Programme, therefore, the intention is to transfer the necessary skills to those within the industry itself through a developing education and training programme.

In addition to developments at the local level, Heartbeat Wales was also keen to generate policies nationally which would be supportive of health promotion in the workplace. In order to achieve this, contact was made with the Wales Trade Union Congress (TUC), the Confederation of British Industry (CBI), and the British Institute of Management (BIM).

There are approximately eighty trade unions represented in Wales and Heartbeat Wales met with forty-three of these at the end of 1985. The role of their local organizers as advocates for health promotion policy development at the local level was emphasized and the legislation on health and safety at work was suggested as the mechanism for placing the issue on the agenda of Joint Consultative Committees with the management. Although there were some reservations about the possible negative use of employee health related information being used by the more unscrupulous companies at times of manpower cutbacks, the general tone of the meeting was highly supportive. Following that meeting and discussion at their Social Affairs Committee, the Wales TUC adopted a policy of actively pursuing health promotion in the workplace.

The Wales TUC's acceptance of health promotion as a policy consideration rested partly with the fact that it was an issue which would appeal to both sides of the industry. It was likely, therefore, that the trade unions would be able to make progress in their discussions with management at a time when their influence, in general, had diminished.

Similarly, the BIM agreed to provide practical support and facilitate access to a number of the larger organizations in Wales. The BIM saw health promotion as a valuable tool in maintaining a constructive dialogue with the trade unions, in addition to the potential economic benefits from reduced absenteeism and sickness. The BIM and Wales TUC have, in fact, collaborated jointly with Heartbeat Wales on a tripartite basis in developing workplace policies for the promotion of health, itself a valuable contribution to inter-organizational cooperation irrespective of health benefits.

The response from the CBI in Wales, was by comparison, less enthusiastic. Although there was support for the principle and aims of Heartbeat Wales, the Wales CBI felt that its role was to respond to members' concerns, rather than

determine priorities for them centrally. Subsequent discussions with the national office in London have been more fruitful and there is now the possibility of collaboration on policy issues at a national level.

The failure mentioned above concerns the Milk Marketing Board (MMB). Although Heartbeat Wales has met with senior representatives of the MMB in the search for common ground, this has resulted in a singular lack of progress and the Board has increasingly persisted in promoting dietary messages with which Heartbeat Wales is in fundamental disagreement.

Heartbeat Wales offered to collaborate in a joint programme to promote fat reduced milk. However, the MMB has refused to differentiate between whole milk (4%) and fat reduced milks (less than 2%) in its marketing strategy. This has resulted in whole milk being actively promoted as an important element of a healthy diet, particularly in schools, despite the national recommendations to reduce fat intake.

Notwithstanding the MMB's viewpoint, Heartbeat Wales has been able to work with the largest dairy in Wales to encourage increased sales of semi-skimmed and skimmed milk. Therein lies an interesting contraction within the dairy industry itself. Although manufacturers, distributors and retailers are keen to provide products in response to consumer demand, the marketing wing of the industry appears to see its role as changing consumer demand to match the products currently available. In other words, it is demand which should change to meet supply, rather than supply matching demand. It is the marketing division, of course, which has the more influential national remit and has, therefore, represented an important barrier to progress.

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A WORLD PERSPECTIVE:
AN INTERNATIONAL COMPARATIVE ANALYSIS OF EDUCATIONAL PROGRAMS FOR ADULTS

Overview

During 1986-88, adult education scholars and practitioners from more than twenty nations throughout the world will cooperate on a cross-national adult education project. The purpose of the project is to understand the ways educational programs for adults function in society. Cross national similarities and differences will be analyzed and the results reported.

The overall project coordinator is Alan B. Knox, Professor of Adult Education, University of Wisconsin, USA. Working with Professor Knox on the project will be his wife, Linda Bock Knox, an experienced adult educator and writer, who will be helping with data collection and project coordination, and Professor Dušan Savićević, University of Belgrade, Yugoslavia, who will be helping with the comparative analysis.

In each of the nations included in this project an adult educator will serve as a coordinator for the preparation of case descriptions of educational programs for adults important in their nation. Types of programs might include: educational programs focused on literacy, agriculture, workers, continuing professional education, part-time secondary education completion, part-time higher education completion, health, family, leisure, citizen role, and underserved populations.

Each case study will describe the program in terms of its outcomes, process, inputs, past evolution, current influences, and how and why the program functions as it does in its national context. In addition to the comparative analysis and published report of case descriptions by Knox, Knox, and Savićević, each case coordinator will receive a complete set of case descriptions from other coordinators and will be encouraged to conduct their own analysis focused on implications for their own national setting and prepare their own reports. Copies of the project report and case descriptions will be sent to libraries and institutes around the world.

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NOTE: The term adult education refers to all types of part-time and short-term formal, informal, and non-formal educational activities for all categories of adults about any subject matter content.

A. Purposes of project: to prepare a report that will enable adult educators around the world:
   1. appreciate the wide diversity of adult education programs regarding terminology, activities, and concepts.
   2. understand ways in which such programs function in the society in which they occur.
   3. analyze similarities and differences that can help us recognize options and learn from each other about conditions under which practices produce desirable results.

B. The basic method of the project is in two parts, descriptive and analytic.
   1. One adult educator in each nation participating in this project will serve as case coordinator for that nation. That coordinator may prepare all of the case descriptions of adult education programs for that nation or may cooperate with other people from that nation who may help do so. Prof. Alan Knox (University of Wisconsin, USA) has agreed to serve as overall project director. Each coordinator will arrange for preparation of short case descriptions of typical adult education programs in their nation. The case description will be based on familiarity with the type of program by the person who prepares the case, and may also be based on research or evaluation reports.
   2. Prof. Knox, Prof. Savićević, and other researchers interested in doing so, will conduct comparative analysis based on the case descriptions.
      a. Some of the analyses will be cross national, based on the set of case descriptions, such as literacy, of similar programs in various nations.
      b. Some of the analyses will be based on the set of case descriptions of all programs in one nation or a set of similar nations, and will emphasize programs within a national setting.
   3. The intent is to select nations and programs that are fairly representative, while recognizing that much will be omitted.
   4. The purpose of the guidelines for selection of widespread types of adult education programs and for preparation of case descriptions is to make possible comparative analysis without greatly influencing the conclusions that emerge from the comparative analysis.

Nations to be included - adult educators from about twenty nations have expressed interest in preparing case descriptions for this project. The nations are from all regions of the world [east and west, north and south, large and small]. Together they contain three quarters of the world's population and land area.

Selection of adult education programs for case description - If describing a typical or widespread program in a case that you prepare (or arrange for) in a given category does not reflect the great variation that actually occurs among programs in that category, two or more contrasting cases can be written in that category. All of the comparative analysis and interpretation that occurs subsequently depends on accurate and balanced case descriptions. Such valid cases depend on the detailed familiarity with the program and context by the person who writes the case.

Sections of each case description - Coordinators will arrange for a brief case description (10-20 double spaced pages) for the programs which the coordinator decides to submit. Each case description will be about a typical current or recent local adult education program such as one program coordinator might supervise, and which typically includes a number of teachers. (These cases should not describe either a single teaching episode or an entire national program.) For widespread national programs, select one or more local or regional examples that functions under the supervision of a coordinator. The purpose of the case description is to increase our insight and understanding of how the program functions in its societal context, and not to evaluate it. Special attention should be given to linkage that program staff provide between client systems of adult learners who are served and resource systems of experts and others who help to plan or conduct programs. We encourage you to prepare your case in such a way that if someone else were to do so independently for the same program, the result would be very similar.

Listed below are proposed categories of information for each case example, to facilitate comparative analysis. Each case may describe a typical specific instance, or may summarize average programs based on available information. Formal, informal, or non-formal educational programs may be included, and for each category listed below, a brief paragraph or two should provide a sufficient description and explanation of the essential characteristics of a typical program. Categories A, B, C, and D will constitute a descriptive portrayal of the program as a system.

A. Setting - Type and size of the provider organization, including the size and characteristics of the service area of program.

B. Outcomes
   1. Goals - Program goals, content and intended outcomes (Include the major stated objectives, the types of people and groups that influence goals, and the process of gaining agreement on these goals and objectives. Indicate the main societal benefit that the program tries to serve, such as assimilation of immigrants, increased agricultural production, or modernization of technology).
   2. Benefits - Evidence of actual program benefits to learners and others (based on evaluation findings or general impressions).

C. Process
   1. Planning - Program planning (including who conducts needs assessment and/or context analysis, and how they usually do so, along with other major planning arrangements, such as objectives and activities, and use of plans).
   2. Methods - Methods of teaching and learning (including main types of methods and materials for helping adults learn).

3. Improvement - Program improvement (including evaluation and improving the performance of program staff).
4. Participation - Encouraging participation and responsiveness to learners (including counseling and other ways to retain learners in programs).

D. Inputs - Numbers and characteristics of people and resources that are acquired for the program to function, along with the procedures to obtain them. For example:
1. Participants (numbers and characteristics of learners or students and average number of hours spent in the program each week)
2. Needs (indication that a problem or educational need existed that the program should address)
3. Staff (number of full time equivalent administrators, teachers, discussion leaders, coordinators and other staff members)
4. Content (major subject matter fields)
5. Finances (money and in-kind support from any source)
To describe general levels of financial support and expenditures for this program, estimate the total amount of annual financial and in-kind income and support that the program receives to cover all instructional and other direct program costs. (Do not include indirect costs.) Using that total budget level for the program as a base, compute and report the percentage of program income and support from government funds, fees paid by participants, and all other sources combined. Also, report the percentage of the total budget that is used to pay staff salary and wages.
6. Facilities, equipment, materials
7. Other (including feedback regarding outcomes that influence inputs and process)

E. Evolution - Brief history of major program trends to describe how this program started or evolved, and the major past influences that helped and that hindered its development.

F. Influences - Major current societal influences from the past few years and now that affect stability and change in the program's functioning and outcomes. (Examples could include: financial support, government policies, economic status or conditions, religious or social traditions, available volunteers and staff.) The influences could be local, regional, national, or international.
1. Positive influences that help or contribute to the program's effectiveness or success.
2. Negative influences that hinder or make it difficult for the program to be effective.

G. Other - Any other brief comments that help explain how and why the program functions as it does in its societal context. Illustrative comments could include clarification of important variables, indications how how the selected program differs from others of its type in your nation, opinions about widespread values and beliefs relevant to the program (description of important adult education staff roles), and your own perspective and interpretation of activities and meanings. Pertinent articles, reprints, statistics, and bibliographic citations that would clarify the program for readers are also welcomed.